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Connecticut State Medical Society Testimony
Senate Bill 259 An Act Concerning Coverage for Mammograms
Senate Bill 260 An Act Concerning Health Insurance Coverage for Routine Patient Care
Costs For Clinical Trial Patients
Insurance And Real Estate Committee
March 4, 2010

Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee, on behalf of the more than 7,000 members of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today in support of Senate Bill 259 An Act Concerning Coverage for Mammograms and Senate Bill 260 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs For Clinical Trial Patients. The proposed bills build on critical and vital legislation previously passed by this committee.

Last session this committee successfully passed legislation to require notification send directly to women who upon receiving a mammogram are determined to have dense breast tissue. Dense breast tissue can hide small abnormalities that are a precursor to breast cancer. In many situations a physician will order additional testing such as a breast ultrasound screening pr magnetic resonance imaging (MRI).

Although previously language did require additional benefits for comprehensive ultrasound screening when an original mammogram demonstrates heterogenous or dense breast tissue, it did not include MRIs or additional mammograms in a policy year. The legislation before you today corrects this omission. We ask for your support of SB 259 An Act Concerning Coverage for Mammograms.

This committee has also done comprehensive yet careful work to ensure appropriate coverage exists for certain advanced cancer clinical trials. SB 260 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs For Clinical Trial Patients expands coverage for clinical trials beyond those specifically for the treatment of cancer. Language defining "clinical trial" as an organized, systematic, scientific study of therapies, test or other clinical interventions for purposes of treatment or palliation or therapeutic intervention for the prevention of disabling, progressive, or life-threatening medical conditions in human beings will allow other suffering from serious and debilitating conditions to receive coverage for participating in such trials. The language does, however, continue to require that cancer trials be phase III and all trials be approved by one of several reputable national entities or qualified to receive Medicare Coverage.

However, we recommend that in addition to those entities identified to participate in the development of a standardized form, that at least one physician or other provider presently providing the identified care or qualified to provide the identified care associated with a clinical trial be included. This will ensure that the form identifies necessary and sufficient information.

Please support SB 260 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs For Clinical Trial Patients